FORM PTO-1619C

## RECORDATION FORM COVER SHEET CONTINUATION

U.S. Department of Commerce

OMB 0651-0027		PATENTS ONLY			PATENT PATENT
Conveying P	arty(ies) Conveying Parties	Mark if addi	tional names of conveyin	g parties attached	Execution Date
Name (line 1) JAMES D SAN ANTONIO					Month Day Year
Name (line 2)		SCHICK			Execution Date
Name (line 1)					Month Day Year
Name (line 2)					Execution Date
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Name (line 2)					]
Receiving Pa	ırty(ies)		Mark if additional name	es of receiving parti	es attached
Enter additional	Receiving Party(ies)		•		·
Name (line 1)	Thomas .	Telferson	Universite	<i></i>	If document to be recorded is an assignment and the
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Address (line 1)	1010 WALA	JUT 54			of a domestic representative is attached. (Designation must be a separate
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Address (line 3)	Philadelphia	$\square$ $\square$ $ u$	A State/Country	19(D) Zip Cod	Z de
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